

DME Update 11-01-07

Effective with dates of service 11-1-07 and after, the Ken Pac provider number will no longer be required for provider type 90 (line 19) on the CMS 1500 forms.

L5995 has been added to the fee schedule with Manual pricing and prior authorization required.

L3763 has been added to the fee schedule with prior authorization required and a rate set at \$886.65.

DME UPDATE 10-11-07

Breast pumps for mothers who do not have Medicaid or their eligibility has terminated, no commercial insurance coverage of this item with a WIC denial, may request the rental of the pump for the Medicaid eligible baby through the Early Periodic Screening and Diagnostic Treatment (EPSDT) program. No other circumstance will qualify for this coverage through EPSDT. Prior authorization is required. The baby's Medicaid number will be placed on the request through EPSDT.

DME Update as of 8/10/07

E0571 will be removed from PA and rental effective with DOS 9/01/07. The equipment becomes a purchase only item.

DME Update as of 8/1/07

Following ostomy codes have had fee changes effective 8-1-07: A4361-A4369; A4371-A4373; A4375-A4385; A4388-A4400; A4402; A4404-A4412; A4423-A4434.

L3671 has been added to the fee schedule with a rate of \$623.06. PA is required.

L5964 is being added effective 8/1/07. PA is required.

Updates for DME Fee Schedule 7/2/07

Codes added: L1901, L3651, L3909, L3911, L5905, E1014, E1011, A6505, A6511, A6512, and L5990.

Codes removed from rental and PA requirement: E0163, E0165, E0168, and E0197. Codes are purchase only.

Codes removed from rental: E0170, E0171, and E0172. Purchases for E0170, E0171 and E0172 will still require a PA.

Code A6216 has been removed from quantity limitation.

Codes A4338 and A4334 have had quantity limits increased to 31 per calendar month before a prior authorization is required.

Rates have been set for the following codes: L1901 -\$14.94, L3651-\$50.58, L3909-\$10.87, L3911-\$19.06. Prior authorization is no longer required.

Rates have been set for the following TPN codes: B4185-\$90.88, B4189-\$143.76, B4193-\$185.79, B4197-\$226.19, and B4199-\$258.47.

Ross has changed many of their HCPCS codes for nutritional/enteral items. Please see items indicated on the fee schedule. A modifier (BO) has been approved by DMS to designate oral use for the changed codes. The modifier is informational only. Please place modifier on MAP 9 and on claim.

E0570 is going to be removed from rental and prior authorization effective DOS 8-1-07. It will be a purchase only item.

Rate changes for A4233-A4236; A4259; A4380; A5051; A5500-A5507; A5512; E0463-E0464; E0482-E0483; E0784; E0849; E0911-E0912; E0959; E0967; E0971; E0978; E1405-E1406; E1812; E1841; E2369; K0553-K0555; K0730; K0733; L0456; L0490; L2034; L3001-L3003; L3310; L3808; L3905; L3915; L5311; L5331; L5341; L5671; L8045; L5782; L5848; L5990; L6611; L6624; L6638-L6639; L6703-L6709; L6805; L6881-L6882; L7007-L7009; L7367; L7401; L7404; L8515; L8691; L8695. Changes are effective for DOS 8-1-07 and after.

Please note that an additional column has been added to the fee schedule that indicates when a change has been made to the schedule. The information starts with 1/1/07 and is current through changes to be effective on 8/1/07. This is an effort to keep providers informed when changes are made. Updates will continue to be posted on the web site as they occur.

Updates to the 2nd quarter DME fee schedule: 4-1-07

K0098 remains a valid code and has been corrected.

K0010, K0011, K0012, and K0014 have been corrected to end-dated by CMS effective 4-1-07.

L3905 and L3956 have been added to the fee schedule with M (manual) pricing.
 E0482 has been returned to available for purchase as well as rental.
 E2601, E2602, E2603, E2604, E2605, E2606, E2399, E2402, and L0200 were inadvertently left off the schedule and have been added back.
 Codes B4220, B4222, B4034, B4035, B4036- please bill using 1 unit=31 kits. The reimbursement has been raised to cover the additional kit. The change in number of kits is effective for dates of service 4-1-07 and after.
 Code B4224 requires PA due to the reimbursement amount. This error has been corrected on the fee schedule. The system was not changed due to this error. Please contact the department if a claim has denied for no prior authorization prior for dates of service 2-1-07 to 4-1-07.
 For enteral codes B4159, B4160, B4161 and B4162, if the formula requested using that code has a price listed on the fee schedule, that price will be used in lieu of manual pricing.

DME News Update as of 01/31/07

A8000	helmet protective, soft prefab includes all components & accessories	YES-PA	YES-CMN	M
A8001	Helmet, protective, hard, prefab, includes all components & accessories	YES-PA	YES-CMN	M
A8002	Helmet, protective, soft, custom fab, includes all components & accessories	YES-PA	YES-CMN	M
A8003	Helmet, protective hard, custom fabricated, includes all components & accessories	YES-PA	YES-CMN	M
A8004	Soft interface for helmet, replacement only	YES-PA	YES-CMN	M

HCPCS codes A8000 through A8004 are being added as a covered service requiring prior authorization and manual pricing.

HCPCS codes A4230 and A4231 have been removed from prior authorization. The reimbursement for A4230 is \$11.55 each and the reimbursement for A4231 is \$7.33 each.

DME News Update 01/01/07

Reimbursement changes for the following codes: E0424, E0439, E1390 and E1391 will be \$198.40. Codes E0431 and E0434 rates have been increased to \$31.79. Code E1392 and K0738 will be reimbursed at \$51.63. The changes are effective 01/01/2007. A DME fee schedule revision for the first quarter of 2007 will be placed on the web site as soon as approved.